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ABSTRACT

The Immigration Reform and Control Act of 1986 (IRCA) provides for the legalization of undocumented aliens through several programs. IRCA established the State Legalization Impact Assistance Grants (SLIAG) "to alleviate the financial impact on States and local governments that may result from the adjustment of immigrant status" through the legalization program. Under SLIAG $1 billion per year during the four fiscal years beginning in 1988 will be made available for states for the following types of social services: (1) public assistance; (2) public health assistance; and (3) education. Planning for the SLIAG program at the state and local levels has been very difficult because of a lack of information about the newly legalized population; this survey provides a broad profile of that population, assessing its service usage, and likely service needs. More than 100 people who have worked closely with the aliens in seven states were surveyed. Information is given on the following: (1) size of population (as of March 24, 1988, there were 1,258,359 applications for legalization); (2) nationality; (3) distribution within states; (4) demographic characteristics, including sex, age, marital status, education and language skills, health status and service needs, employment status, income, potential public assistance utilization, housing status, and geographic mobility. Recommendations are made in the following areas: (1) general; (2) health; (3) education; and (4) employment, income, and public assistance. Data are presented on eight tables. (BJV)

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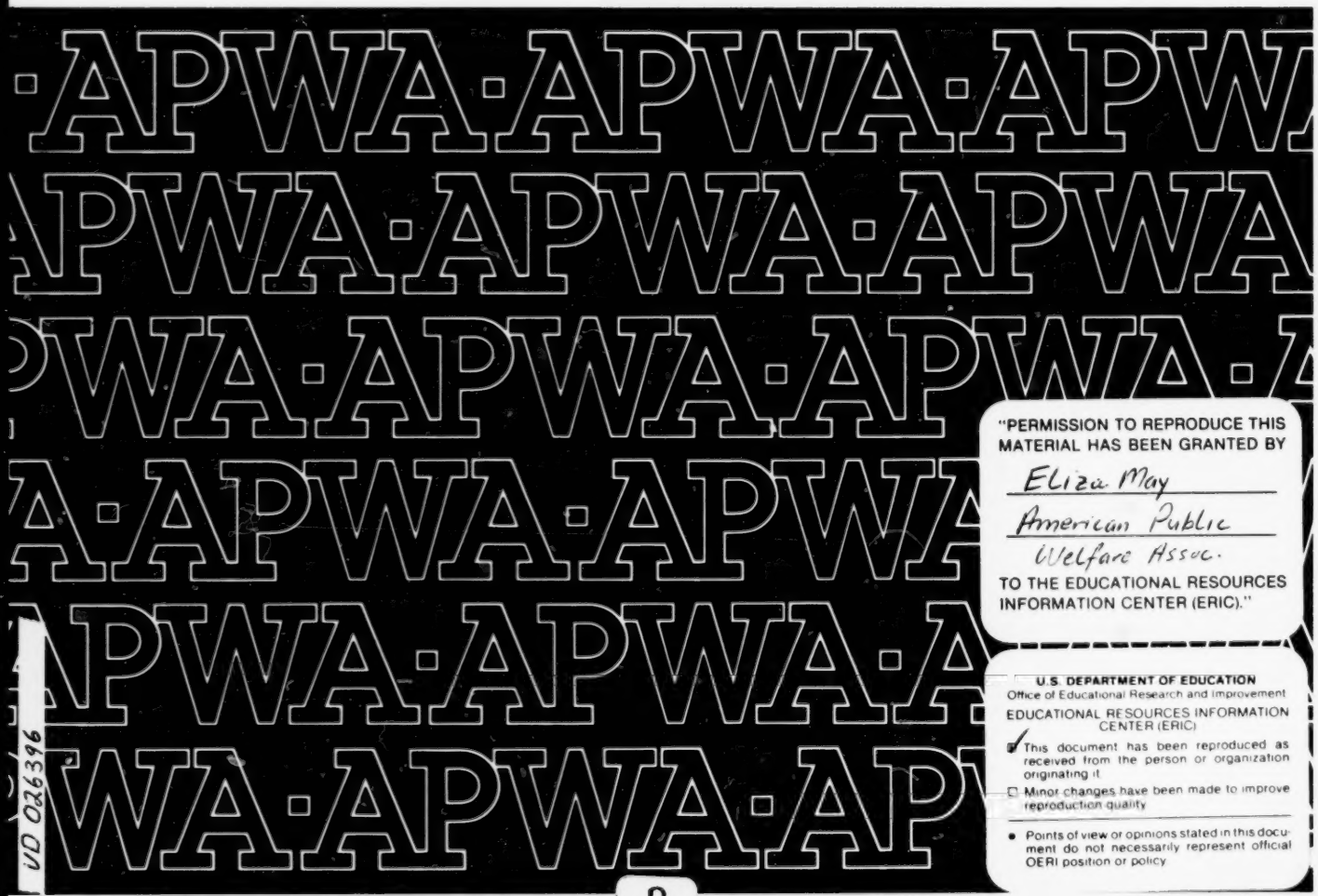
SERVING THE NEWLY LEGALIZED: THEIR CHARACTERISTICS AND CURRENT NEEDS



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CENTER FOR POLICY ANALYSIS AND RESEARCH ON REFUGEE ISSUES

SERVING THE NEWLY LEGALIZED: THEIR CHARACTERISTICS AND CURRENT NEEDS

June 1988

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CHAPTER ONE

INTRODUCTION

BACKGROUND TO THE STATE LEGALIZATION ASSISTANCE GRANTS (SLIAG)

The Immigration Reform and Control Act of 1986 (IRCA) provides for the legalization of undocumented aliens through two programs. The major vehicle for legalization (referred to in this report as the I-687 program) covers undocumented aliens who can establish continuous residence in the United States since January 1, 1982 and meet other criteria for admissibility as immigrants. Under the legislation, these aliens may apply to adjust their status to lawful temporary residence within 12 months of May 5, 1987. They may then adjust temporary residence status to lawful permanent residence during the 12 months following completion of 18 months of temporary residence. Permanent residency is contingent on passing an English language and civics examination that is comparable to the current naturalization examination or enrollment in an approved course of instruction. As of the end of the I-687 program, May 4, 1988, between 1.75 and 2 million aliens had applied for legal status.

The second program is for Special Agricultural Workers (SAW program). The SAW program permits illegal alien workers who have done at least 90 days of qualifying agricultural work between May 1, 1985 and May 1, 1986 to apply for temporary legal status. The SAW program began on June 1, 1987 and will continue until

November 30, 1988, almost seven months beyond the I-687 legalization program. The SAW program differs in several other respects from the I-687 program, including its shorter period of residency required and lack of English language requirement for adjustment to permanent residency.

A third legalization program was added after passage of IRCA. This program covers people granted Extended Voluntary Departure because they are nationals of Poland, Ethiopia, Afghanistan or Uganda. Under EVD, residents of these countries are permitted to remain temporarily in this country, presumably until conditions change in their country of origin and their safe return is possible. Aliens from these countries who have been in the United States since July 21, 1984 have been given two years, until December 1989, to apply for adjustment to temporary legal residence. Thereafter, they will be eligible to become permanent residents.

The legalization program has provided an opportunity to bring many undocumented aliens out from the shadows into full participation in U.S. society. Legalization has received support from many quarters because of a sense that the alien population will be able to contribute more to U.S. society once they come into the open. Legalization would also provide an opportunity to address some of the problems evidenced in the undocumented population, particularly those related to public health, housing, and victimization. Moreover, if no longer exploitable at the workplace because they are unwilling to avail themselves of the

protection of U.S. law, legalizing aliens will be able to improve their own economic status and will no longer contribute to the depression of U.S. labor standards and wages.

While the benefits of legalization were recognized, there were concerns that the newly legalizing aliens would cause short-term costs to states and localities as the aliens availed themselves of needed services. In response to this concern, IRCA established the State Legalization Impact Assistance Grants (SLIAG) "to alleviate the financial impact on States and local governments that may result from the adjustment of immigrant status" through the legalization program. Under SLIAG, $1 billion per year will be made available during the four fiscal years beginning in FY 1988 in grants to states and to reimburse certain federal costs of providing assistance to the eligible legalized aliens (ELAs).

States may use SLIAG funds to cover costs associated with three types of assistance: public assistance, public health assistance, and educational services. Thirty percent of the funds are to be allocated equally among these three areas with the remaining 70 percent allocated as states desire given local impacts and priorities. The program is intended to cover additional costs to states resulting from the enactment of IRCA, with a recognition that the funds may not allow for reimbursement of 100 percent of those costs. With the exception of certain educational programs (to be discussed below), SLIAG is not to be

used to establish new programs but rather to offset costs incurred in ongoing service programs because of legalization.

The SLIAG program is administered at the federal level by the Office of Refugee Resettlement in the Department of Health and Human Services. At the state level, responsibility for SLIAG has been assigned to the refugee office in some cases and to newly created SLIAG offices in others. Giving responsibility for SLIAG to the refugee offices makes sense for a variety of reasons. SLIAG is similar to the refugee program in that it reimburses states for costs incurred in providing services to a particular population. The service categories funded through the two programs are also similar: public assistance, public health, language training, etc. There are some distinct differences between the two programs, however. In addition to reimbursing states for their costs, the federal refugee program has the programmatic objective of helping refugee households to achieve self-sufficiency. SLIAG, as defined by the federal government, has no programmatic objectives as far as the ELAs themselves are concerned. Rather, whatever programmatic objectives for the ELAs are to be developed will be defined by the states.

Planning for the SLIAG program at the state and local level has been very difficult because of a lack of information about the legalizing population. The aliens who have applied for legalization have been living in an undocumented, illegal status. For the most part, they have avoided contact with U.S. institutions because of their fear of apprehension and deportation by

the Immigration and Naturalization Service. As a result, there has been little accurate data about their service needs or likely utilization patterns.

THE REFUGEE POLICY GROUP SURVEY

Because much of the information needed by states and localities in planning for use of SLIAG funds has not been readily available or in an easily digestible form, the Refugee Policy Group, under contract with the American Public Welfare Association, undertook the survey whose results are described in this report. It is important to be clear about the context for this survey, and thus to recognize its objectives, limits, and outcomes. Our aim was to help participating states in writing their applications for SLIAG and in the early stages of planning for the use of these monies. Given the limited funds and time available for the survey and analysis, we attempted to provide a broad profile of the legalizing population in terms of their characteristics, service usage, and likely service needs. Local (county or city) information is thus primarily illustrative, not systematic. Even at the state level there is more to be learned. We assumed that states would need to do more detailed needs assessments as their own planning proceeded. Indeed, one of our objectives was to demonstrate the importance of such further inquiry both by specifying the areas which this preliminary survey could not address and by identifying questions of special concern.

Recognizing that there was neither the time nor the resources to conduct a survey of the legalizing population itself,[1] we have obtained most of our information from the individuals and groups who have been working most closely with the aliens. We conducted telephone and in-person interviews with more than 100 respondents in seven jurisdictions: California, Texas, New York, Florida, Illinois, Oregon and the District of Columbia. The first five states listed have the largest legalizing populations. Oregon was included in the survey because it is one of the largest SAW states. The District of Columbia represents a jurisdiction with a small but highly varied population.

The interviews covered a range of issues including demographic profiles of the legalizing aliens (sex, age, marital status); educational level; employment (current status, future plans); English language capability; health status and service needs; potential public assistance utilization; housing and others. Respondents were asked about service needs covered under SLIAG as well as needs that may not be met through this program.

We received the most comprehensive information about the characteristics and service needs of the legalizing aliens from a number of groups that are involved with the application process itself, including:

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[1] Such a survey is in the planning stages now. To be funded by the Immigration and Naturalization Service, the nationwide survey of legalized aliens will contain a great deal of information that will be useful to states and others in planning for services to the legalized aliens.

- the staff of the Qualified Designated Entities (QDEs) that have assisted the legalization applicants in preparing their cases;
- private attorneys who represent the applicants; and
- officials of the Immigration and Naturalization Service who are interviewing the applicants and/or reviewing the applications.

In addition, we received a broad base of information from the staff of ethnic associations representing the major nationality groups covered under legalization. State officials involved in planning for SLIAG were an additional source of general information on the legalizing population.

For specific information on health issues, we interviewed civil surgeons and the staffs of community health centers and migrant health clinics. The civil surgeons shared with us the general results of the medical examinations they conducted as part of the application process for legalization. The health centers provided information about the undocumented aliens they served, differentiating when possible between the overall undocumented population and the legalizing aliens. The migrant health clinics were an important source of information about SAWs since they had been serving the undocumented migrant population for many years prior to legalization.

In general, we found these health professionals to be forthcoming in their assessment of the health status of the legalizing aliens, but they noted that they had very limited opportunity to make judgments. The staff of ethnic associations were even more cautious in discussing health issues. Initially,

the ethnic associations downplayed the health problems of the legalizing aliens because of concerns that the information would be used to the detriment of their clients. As the interviews progressed, however, and the reasons for the questions became apparent, we received many confirmations of the information obtained from the health staff members as well as information about personal health problems that would not be picked up during the course of the examination for legalization.

Specific information on language capacity came from agencies providing English instruction and civics courses. A number of QDEs and other local agencies are already providing classes, in anticipation of the requirements for adjustment to permanent residence. The teachers provided valuable insight about the extent to which the legalizing aliens will be able to pass a naturalization examination or will have to enroll in classes to fulfill that requirement.[2] In addition, INS officials described the extent to which applicants were able to conduct their interviews in English, fill out the applications on their own, and other factors related to English proficiency.

Employment information came from several sources, including data generated by the Immigration and Naturalization Service from the applications for legalization. The applications contain information about current employment and wages. From QDEs and

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[2] QDE staff working on applications often were unable to make an assessment of English proficiency because much of their work was done in the applicants' native languages.

others we learned about the stability of the employment (whether applicants had been employed in many different jobs since 1982); the extent to which applicants expressed an interest in job upgrading; whether there were multiple wage earners within most applicants' families; whether applicants tended to hold one or more than one job at any given time; etc. We also received valuable information from employers, particularly agricultural growers who provided perspective on the employment backgrounds of the SAWs.

The remainder of this report describes the findings of the survey. The next chapter provides an overall description of the legalizing population in the seven states surveyed. It focuses on nationality distribution, as well as the demographic profile of the legalizing aliens. The third chapter presents our findings with regard to the three major areas covered under SLIAG: public health, education, and public assistance. The health section describes the health status of the legalizing aliens, their current patterns of service utilization, and their future service needs and potential impact on Medicaid and other forms of medical assistance. The education section focuses primarily on issues related to language training and civics, since the legalizing aliens must demonstrate their proficiency or be enrolled in a course in order to adjust to permanent residence. The section covering issues related to employment and public assistance describes current employment status, wages, and prospects for upgrading employment in addition to other factors

that will influence future utilization of public assistance programs. The report concludes with recommendations stemming from the survey findings.

CHAPTER TWO

GENERAL CHARACTERISTICS OF THE LEGALIZING POPULATION

This chapter provides an overview of the characteristics of the legalizing population, describing major variations among states in a number of important respects: size of the population; nationality; distribution within the state; and demographic characteristics. Most of the information presented in this chapter comes from the applications for legalization that were submitted prior to March 24, 1988 for some data pieces and February 18, 1988 for others. It pertains to applicants for legalization, not legalized aliens.

SIZE OF THE LEGALIZING POPULATION

As of March 24, there were 1,258,359 applications for legalization. Of these, 78 percent were applying under the I-687 program and 22 percent were applying under the SAW program. Adjustments under the EVD program have not yet been entered into the data systems.

There is great variation among states in the number of legalization applicants. The state with by far the largest population is California, which includes 54 percent of all applications for legalization. Texas represents 14 percent of the total, with Florida (6.8 percent), Illinois (5.4 percent) and New York (5.0 percent) also having sizeable populations. The remaining states and the District of Columbia represent only

15 percent of the legalization applicants. Table 1 shows the size of the legalization population in each of the states surveyed.

Table 2 shows the distribution within the seven states of aliens legalizing under the I-687 program and those legalizing under the SAW program. While most states have a preponderance of I-687s, some states, including two of those we surveyed (Oregon and Florida) have a majority of SAWs.

NATIONALITY

Nationality distribution is important for several reasons. The more concentrated the nationalities, the easier it is to devise programs that are culturally and linguistically appropriate. Aliens from the same nationality often share the same educational and employment characteristics, factors that influence service needs and utilization patterns. Conversely, where there are many different nationalities, particularly if there is no common language, it is difficult to communicate with the aliens let alone serve them.

States fall into three main categories with regard to the nationality of the legalizing population. (Table 3 shows the nationality distribution in the seven surveyed states.) Most states have an overwhelming proportion of one nationality, generally Mexicans. For example, Mexicans account for 96 percent of the legalizing aliens in Oregon; 87 percent in Texas, 81 percent in California; and 80 percent in Illinois.

In other states, no one nationality represents a majority but most come from a single region of the world. Most of Florida's legalizing population, for example, are from North America, particularly the Caribbean (45 percent), Mexico (25 percent) and Canada (8 percent).

In still other states, there are legalization applicants from all over the world with no one nationality or region predominating. In New York, for example, there are legalizing aliens from 153 nations with the largest group (Haitians) representing only 8 percent of the total. In New York, as a matter of fact, the ten countries that are the largest nationwide in the legalization program represent only 40 percent of the state's population. In other states, these ten countries account for 95 percent or more of the legalizing aliens.

DISTRIBUTION WITHIN STATES

Programming decisions are influenced by the location of the potential clients within the states. The legalization population varies from state to state in their residency patterns. In some states, the vast majority of the legalizing aliens are clustered in one metropolitan area, regardless of their nationality. For example, in Illinois, 90 percent of the legalizing population is reported to be in the metropolitan Chicago area. In New York, 84 percent are located in the five boroughs of New York City.

In other states, a majority or plurality of the legalizing aliens are in one or two locations but there are significant numbers in several other locations throughout the state as well.

In Florida, 49 percent are in Dade and Broward counties in the southern part of the state, with populations of more than 1,000 legalizing aliens in seven other counties. In Texas, 35 percent are in Dallas and Houston, with other large populations (more than 5,000) in El Paso, Hidalgo and Fort Worth. In California, 52 percent live in Los Angeles county but nine other counties have populations of more than 10,000 legalizing aliens each.

DEMOGRAPHIC CHARACTERISTICS

Eligibility for public assistance programs, as well as likely utilization of certain health services and educational programs are determined, in part, by the demographic profile of the legalizing aliens. There are variations here by state and by the program under which aliens are legalizing.

Male-Female Distribution

Nationally, 54 percent of the aliens legalizing under I-687 are male and 46 percent are female. Table 4 shows the distribution in the seven states surveyed. Several states show a larger proportion of males (District of Columbia, New York and Texas, for example) with Florida showing a smaller proportion (51 percent). The SAW program shows greater variation by state. Nationally, 83 percent of the SAWs are male and 17 percent are female. Illinois and New York show a higher proportion of men than the national average, whereas Florida shows significantly higher proportion of women SAWs (32 percent) than is the case elsewhere. Interestingly, the women SAWs in Florida do not appear to be the wives of male SAWs; as discussed below, only 27

percent of these women are married. The female SAWs in other states are more likely to be married than single.

Age Distribution

Nationally, the majority of legalizing aliens, under both programs, are adults of employment age. The median age of the I-687s is 30 years, with 77 percent of the total falling into the 15 to 44 age group. For the SAWs, the median age is 28 with 90 percent falling into the 15 to 44 age bracket. Most states show the same predominance of adults in this age group. There is variation, however, in the extent to which the remaining population is distributed among those younger or older than the average. Nationally, about 11 percent are under the age of 15 and another 11 percent are over the age of 45. In New York and Florida, on the other hand, about 20 percent of the population is more than 45 years of age, whereas in other states only 10 percent fall into this category.

There is also variation by nationality in age distribution, again mostly affecting the proportion of younger or older aliens -- not the adult employables. Table 5 shows the distribution by nationality in the five largest states. Only the ten largest nationalities are shown. Among Mexicans, 12 percent are under the age of 15 and 9 percent are over the age of 45. For Nicaraguans, the proportion of those under the age of 15 is even higher -- 14.2 percent. By contrast, only 2.8 percent of the Haitians, 1.1 percent of the Poles, and 5.5 - 5.9 percent of the Filipinos, Iranians and Jamaicans are under the age of 15. On

the other hand, about 39 percent of the Poles are over the age of 45, a much higher proportion than found among other groups.

Marital Status

Nationally, 47 percent of the I-687 legalizing aliens are married and 44 percent are single, with 8 percent separated, divorced or widowed. Marital status differs by state and gender (Table 6). In the District of Columbia, for example, 61 percent of the men and 68 percent of the women are single or not now married. In New York, 61 percent of the women are single or not now married, but only 53 percent of the men fall into this category. In Florida the proportion is similar (60 percent of the women are single and 55 percent of the men).

Among the SAWs nationally, 45 percent are married, 50 percent are single, and 5 percent are not now married. The distribution by state and sex varies greatly among SAWs. For example, as seen in Table 6, 73 percent of the female SAWs in Florida are single whereas there is a more even distribution of married and single women SAWs in the other states. There is also a higher proportion of single male SAWs in Florida.

SOCIO-ECONOMIC STATUS

Potential service utilization and impacts will be influenced by the socio-economic status of the potential clients. Individuals with higher levels of education and more highly skilled employment are less likely to need and use public services than are those who are unemployed or minimally employed. A very high proportion of the legalizing aliens are now in the work

force. There is considerable variation within the legalizing population, however, as far as socio-economic status is concerned. The majority of aliens appear to be minimally employed in the service economy or as laborers. A minority, the proportion varying by state, are in professional jobs or highly skilled occupations. Chapter 3 provides more information on the occupation and wage level of the aliens, as well as their educational backgrounds.

* * * * *

As this brief overview of the characteristics of the legalization population demonstrates, there is considerable variation among states in the size and composition of the aliens covered under the SLIAG program. At one extreme are states in which the eligible population comes from one nationality and is residing in one major metropolitan area. At the other extreme are states with very heterogeneous and dispersed legalizing populations. Regardless of the distribution of the population among and within the states, however, many of the legalizing aliens have had similar experiences in living an illegal life in this country -- unable or unwilling to avail themselves of services, to find or afford decent housing or to obtain adequate employment. In addition, they have similar demographic and

socio-economic characteristics, many of which also point to a pressing need for services. These characteristics will be discussed in greater detail in the next chapter.

CHAPTER THREE

SURVEY FINDINGS

INTRODUCTION

This chapter is organized around three major issues that relate to the categories of costs that the SLIAG program will reimburse: health issues, including public health and medical assistance; education and language issues; and employment and public assistance issues. In each section, there is discussion of the factors that influence both service needs and potential service impacts. Although a primary purpose of the survey was to help state officials and others who are planning for use of the SLIAG funds, we also identified service needs, particularly those related to employment, that are not covered through this grant program.

A recurrent issue that emerged from discussions about each of the service areas is the need for outreach and the dissemination of information to the legalizing aliens about their eligibility for programs, their rights under U.S. law, and their responsibilities as U.S. residents. Because the legalizing aliens have lived in illegal status for so long, many of them are fearful of official institutions and unaware of the existence of services for which they may have great need.

HEALTH STATUS AND SERVICE UTILIZATION

Health care needs of the ELAs can be covered under two different parts of the SLIAG program. The Immigration and

Nationality Act allows states to use SLIAG funds to reimburse costs of providing public health services and public assistance, including medical assistance, to the ELAs. While a broad array of public health programs qualify for reimbursement under SLIAG, eligibility for medical assistance is more limited. Only the aged, blind and disabled aliens, and certain Cuban-Haitian entrants are eligible for Medicaid, the basic health care coverage program for selected low income persons in the United States. However, the law allows limited Medicaid benefits to otherwise eligible aliens needing emergency services, services for pregnant women, and full Medicaid benefits to children under the age of 18. In many states with state or locally funded medical assistance programs, ELAs will qualify for these programs.

In order to plan for the use of SLIAG funds related to both public health and medical assistance, it is essential that states have information about the health status, patterns of previous utilization of the health care system, and unmet health care needs of the ELAs.

Health Status

There was consensus among the respondents that, while most ELAs do not present serious public health problems, they have important personal health problems requiring medical attention. The most commonly mentioned problems included: pregnancy-related problems; low birth weight babies; malnourished children; alcoholism; drug abuse; hypertension; stress-related problems;

allergies; dental problems; vision problems; and work related injuries. Among the issues related to communicable diseases that public health officials mentioned were positive tests for tuberculosis and the presence of sexually transmitted diseases.

Maternal and Child Health Care Needs

Some of the health care needs of the ELAs are directly related to the demographic profile of this population. Many of the ELAs are young women of child-bearing age. Immigrant families in general tend to have a larger family size than do U.S. born residents. This means that there is substantial need among ELAs for maternal and prenatal care and health care for children. Given the high fertility rate as well as a considerable number of reported teen-age pregnancies, respondents emphasized a need for counseling on family planning as well.

It was estimated that some 80 percent of Hispanic and Caribbean women ELAs give birth at home, without any medical help. It was reported that many of these births result in serious complications. It was also reported that this population has a very high rate of low weight births. Respondents indicated that many children of ELAs are malnourished. Medical personnel attributed this to both lack of knowledge of nutrition and insufficient financial means to buy enough high quality food.

Work-Related and Environmental Health Problems

Other health problems of the legalizing population are directly related to their experiences of being undocumented workers and working in often sub-standard conditions. We have

heard reports about aliens who have developed lung and upper-respiratory problems, as well as allergies, due to working in poorly ventilated restaurant kitchens or small manufacturing facilities housed in damp basements. Medical personnel expressed their concerns about the effects of pesticides on agricultural workers.

Medical personnel reported many cases of work-related injuries. A number of them were attributed to poor vision that could have been corrected by appropriate lenses. However, inadequate financial resources and lack of health insurance do not always allow the legalizing aliens to buy glasses. It was reported that work-related injuries are most prevalent among the seasonal agricultural workers as well as urban industrial and construction workers. Respondents mentioned numerous accidents among operators of agricultural machinery. A considerable number of injuries at the workplace was attributed to lack of English knowledge. We have heard reports about undocumented aliens who could not read instructions or warnings and, thus, got badly injured.

Poor living conditions, including inadequate sanitation in many of the undocumented workers' dwelling quarters, also have an adverse effect on this population's health status. According to our respondents, many ELAs live in apartments infested with roaches, fleas, and rats. Respondents mentioned children of ELAs

suffering from a variety of skin infections, rashes, etc. They attributed these problems both to poor housing conditions and to a general lack of knowledge about hygiene.

Many physicians commented that since this population is very young they are generally healthy. However, their health care needs may change several years from now when they get older and the adverse effects of physical work, often in hazardous conditions, will take their toll.

Communicable Diseases

Tuberculosis was a concern of a number of the public health staff interviewed. Estimates by medical personnel of the incidents of TB positive reactions ranged from 10 to 40 percent of the legalizing population. Many of these, however, are false positive reactions. One migrant clinic in Oregon reported 40 percent of their 3,000 patients having reacted positively to TB tests; however, only two were active cases. Similar estimates were made by our respondents about Poles living in New York City and Chicago.

Sexually transmitted diseases were another area of concern. They were reported to be most prevalent among male migrant workers. Nurses at migrant clinics in Oregon and Florida spoke about outbreaks of syphilis in several camps inhabited by seasonal agricultural workers. According to medical personnel of

these clinics, venereal diseases were often accompanied by drug abuse. Migrant workers were said to be an easy target for local prostitutes who are often drug addicts.

Our respondents expressed a lot of concern about AIDS. So far, no cases of AIDS have been registered among ELAs. There were, however, scattered reports about positive reactions to HIV tests, especially among ELAs in New York City and in the Washington, D.C. metropolitan area. It is assumed that those who test positive for AIDS do not then apply for legalization, but these individuals nevertheless remain in need of both counseling and treatment.

Mental Health Problems and Substance Abuse

Mental health among ELAs was reported to be generally satisfactory except for some stress-related problems. Cases of hypertension, perhaps aggravated by stress, are especially prevalent among Mexican men. Doctors and nurses emphasized that although there is no apparent chronic mental illness among the legalizing population, there are incidents of acute mental illness. Observers also reported a range of somatized emotional problems. The experience of being in illegal status for several years has been inherently stressful. For the categories of persons in the best position to enter mainstream U. S. society, that stress may now be decreasing. But for those who face the most hurdles in the adjustment process, because of English or

educational deficiencies or cultural differences, stress levels may well increase -- at least until a satisfactory adjustment is achieved.

Alcohol abuse was reported to be a problem within some ELA groups. It appears to be more prevalent among Polish and Hispanic men than other groups of ELAs. This, however, may reflect a carry-over of common social behavior among young Polish and Hispanic males for whom drinking more than the American norm is customary. For some ELAs with alcohol related problems, however, alcohol abuse was attributed to lack of family and community support and resulting loneliness and depression.

Domestic violence, including spouse and child abuse, were also mentioned. It was reported that domestic violence often accompanies alcohol abuse. Domestic violence and spouse abuse were attributed primarily to the stress associated with illegal status, and to a lesser degree to anxiety about the future.

Some medical personnel seemed to think more serious problems may surface later on, after the ELAs have dealt with the day-to-day problems arising from their quest for permanent residence. Refugees often experience a lag time between arrival in the United States and the onset of serious mental health problems. There is concern that the ELAs will follow a similar pattern.

Utilization of Health Care Services

There has been little systematic prior utilization of health care services by the legalizing population. It was reported that

undocumented workers rely primarily on hospital emergency rooms, usually within public hospitals, for their primary care needs. Seasonal agricultural workers use migrant health clinics. However, they seldom use them except in emergency situations.

It seems that seasonal agricultural workers should have relatively easy access to the health care system. The network of migrant health clinics is very wide, they often have bilingual medical personnel or at minimum offer interpretation services, and they also are quite affordable since they offer sliding-scale fees. However, due to the mobility of the migrant workers, as well as lack of understanding of preventive health care, the SAWs have made only sporadic use of these facilities, and usually wait until a condition becomes severe before seeking care.

Barriers to Accessing Health Care

One of the major barriers to health care, at least at the moment, is lack of health insurance. Most ELAs, like the bulk of the low income mainstream population, do not have any form of health insurance. The only exceptions we heard about are Canadians in Florida who have professional, well-paid jobs with good fringe benefits. Also, a handful of Eastern Europeans were reported to have health insurance through their employment.

The small segment of the population who are Medicaid eligible -- pregnant women and young children -- have not generally taken advantage of the available help. Expanded coverage of this population is relatively recent. There is a

great need to inform both those assisting the legalizing population and the aliens themselves about this provision.

Many states and localities fund health programs for low income persons who do not qualify for Medicaid because they do not meet the demographic or "categorical" requirements. The legalizing population will be able to take advantage of these provisions. However, they have to be advised about this opportunity.

Lack of affordable health insurance is not the only barrier to timely access to health services. There are also linguistic and cultural barriers preventing the legalizing population from accessing appropriate medical services. Many health care facilities do not provide interpretation services and even fewer have bilingual medical personnel.

As mentioned before, some 80 percent of Hispanic and Caribbean women give birth at home simply because it is not culturally appropriate to seek prenatal care and give birth in a hospital. Muslim women, also, do not regularly access the American health care system because they do not want to be examined by male doctors. And since there are very few female medical doctors, these women usually do not seek medical help.

In many cultures the concept of preventive health care is not as well established as it is in the U.S., hence there is little utilization of ongoing primary health care or of certain medical services (e.g., dental services).

Service Needs

The challenges in planning for health assistance for the legalizing population lie both in providing effective information about the American health care system and affordable health insurance and also in ensuring access to timely and appropriate health care.

It is important that ELAs be matched up with an ongoing source of primary health care. Community health centers are important providers of such care. These clinics are responsible for the health care needs of their patients. They maintain records on prior health conditions and provide referrals to other providers, as necessary.[3]

As the provider-patient relationship becomes established, patient compliance with treatment routines or preventive health care (such as prenatal care or well-baby visits) can be better encouraged. This is particularly true for some ELAs who may be confused or intimidated by American health practices and health care systems, but who may become more trusting as they grow familiar with a provider.

Well-managed care generally involves preventive care, which in turn can lead to better health outcomes. Having a single

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[3] This is sometimes called managed health care. In contrast, episodic care is the treatment of health conditions as discrete events in such settings as emergency rooms, often with little or no preventive care. More managed health care is particularly important for persons with chronic conditions or predictable health care needs such as pregnant women, people with hypertension, and diabetics.

source of primary care can help avoid overuse or underuse of the health care system as well. The primary care provider can educate persons on the appropriate use of health services and monitor their use of health facilities. Ongoing education can also be provided to the ELAs on such topics as child development and family planning. By contrast, the ELAs who makes sporadic use of the hospital emergency room may wait until a condition becomes severe, or until a baby is about to be delivered, before seeking care. In these cases, not only is the patient at greater risk but the costs are generally higher because care has been delayed.

EDUCATION AND LANGUAGE SKILLS

The legalizing population, in general, is in need of extensive educational services, first, in order to fulfill the English and civics requirements of IRCA and, second, to become more productive members of society. There will be a number of challenges particular to educating this population which will need to be addressed in the process of planning for use of SLIAG monies.

SLIAG funds can be used to reimburse states for educational services for the ELA population. For elementary and secondary students, the funds will be available for services authorized under the Emergency Immigrant Education Act. Included are basic instructional services, supplementary education services (English as a Second Language, bilingual education, special supplies and materials), and training of personnel. For adult ELAs, SLIAG

funds may be used to provide similar services authorized under the Adult Education Act. They include basic education, General Equivalency Diploma training, ESL, civics, and ancillary services.

SLIAG funds for education are to be distributed by the education agency of each state and are limited to $500 for each ELA receiving education services in a year. For ELAs enrolled in elementary and secondary schools, states must have at least 500 or 3 percent ELA students per school district to receive SLIAG reimbursement. There is no such requirement for adult ELA education programs.

SLIAG monies may be used to provide English language and civics classes needed by ELAs to fulfill the requirement under IRCA for adjustment to permanent residence. This provision of SLIAG allows for the creation of new programs designed specifically for the legalizing aliens. In this respect, it is unlike other parts of the program. Our respondents emphasized the importance of making these classes available. It would undermine the whole purpose of legalization -- to bring undocumented aliens out from the shadows -- if the ELAs were to lose their new legal status because they were unable to fulfill the requirements of permanent residence and thereby became deportable once more.

Given the importance of the English and civics classes, much of our survey was devoted to characterizing the education and language needs of the legalizing population and attempting to match them with the likely language and civics requirements under

IRCA. We found that there is a dearth of information on the education and language characteristics of this population, and also a lack of clarity about the definitions and standards of the language and civics requirements under IRCA. We also found, as will be discussed in more detail below, that there is need for technical assistance to those providing English and civics classes to the ELAs, in order to help them design culturally appropriate courses that can be implemented within the next few months.

Education Characteristics

We identified three categories of ELAs in terms of education, the largest category having 3-6 years of education on average in their countries of origin. More than half of the ELA population probably falls into this category, with Hispanics (largely Mexicans and Central Americans) being highly represented. This group is characterized by limited educational backgrounds, usually not above primary school. Their 3-6 years in school are probably not the equivalent of a similar level of education in the U.S.

The second category of ELAs is characterized by very limited or no prior education. Highly represented in this category are SAWs, women, the elderly, and certain ethnic groups. ELAs in this category generally have had little exposure to formal education. SAWs in each of the states we interviewed fall into this category. Because of the transient nature of their lives, SAWs typically either went to work at an early age or simply never had

the opportunity to go to school. We were told repeatedly by migrant education people that SAWs, both children and adults, are the most difficult to keep in school because of economic and cultural pressures. Young foreign born SAWs seem to be the exception to this general rule, especially if they come from urban areas in their country of origin. Women in all surveyed states were heavily represented in this category, as were the elderly. It was explained that women, especially from Hispanic countries, tend to have less education than men. Similarly, the elderly tend to have less education than younger ELAs. Caribbeans and Mexicans were over-represented in this respect. Some groups of ELAs we found in this category are Dominicans in New York, Haitians in Florida, and Mexicans in southern California and southwest Texas.

The third category of ELAs identified in our survey, a distinct minority, is the well-educated. These ELAs generally have had at least junior high school educations and often college or beyond. Included in this group are Poles who have had high school or technical school educations, and Africans, Chinese, Japanese, and Canadians who have college and graduate degrees. We identified significant groups of ELAs in this category in Washington, D.C., New York City, Florida, and Illinois. They also seem to predominate in college towns of every state.

Language Skills

Two general points should be kept in mind in connection with language skills:

1. There are several measures of language ability (speaking, reading and writing) and they do not always go together within this population. The majority of ELAs are able to communicate in English well enough to function here, but can neither write nor read in English. A significant number speak English fluently but their abilities to read and especially to write do not correspond. In general, writing lags behind the other two skills for all groups. We will be primarily addressing spoken English in the section which follows, making note of reading and writing skills where relevant.

2. An absence of English competency does not necessarily indicate a limited educational background. While in the statistical aggregate poor English is correlated with limited education, there are significant groups of ELAs -- especially from East Asia -- with very poor English but with schooling at high school level or above.

In terms of language skills, the legalizing population again falls into three categories, the largest being those who are literate in their own languages and semi-proficient in English. Most of our respondents agreed that the majority of ELAs fall into this category. The English skills of this group were described as good enough for basic functioning in the U.S. but not adequate for upgrading their jobs or integrating fully into American life. Inadequate English, it was generally agreed, is this group's primary obstacle to full integration into American life and culture. It was also noted that the people in this category usually have had some previous education. Somewhat surprisingly, we found that some members of this category (e.g., from China) are in fact highly educated; their low English skills reflect a prior educational system in which English is not present or not emphasized.

With the exception just noted, ELAs with the least language skills are those with the fewest years of education and least exposure to English at their places of work and in their communities. This second category is predominated by "double illiterates," people who are illiterate in their native language, as well as English. Not surprisingly, SAWs, women, and the elderly were again highly represented. SAW applicants in every state had lower language skills than regular ELAs. The majority of SAWs, we found, are illiterate in their native language and almost completely lacking in English skills. This is usually explained by the fact that SAWs generally have had very little or no formal education or exposure to English at their places of employment. Women SAWs, according to our respondents, generally have lower English skills than men. Women are also more likely to have less prior education than men and less exposure to English at their place of work. Similarly, the elderly lag behind most other ELAs in previous education and in exposure to the English-speaking world.

Others in this category are ELAs who live and are employed in what has been called "ethnic enclaves." We found that ELAs in these communities usually have fewer English skills than those who live in more linguistically and culturally diverse communities. First, they generally have little exposure to English. Second, they have little need for English or opportunity to learn it. Examples of the ELAs we found in this group are Salvadorans in the District of Columbia; Mexicans in Los Angeles and Texas,

Chinese in San Francisco and New York City; and Haitians in Florida. Many of these are the "double illiterates" mentioned earlier.

The third category of ELAs, clearly a minority, is highly proficient in English. These persons are characterized by higher education levels in countries with English-medium schooling or where English was taught as a second language. Most of them also have exposure to English in their current communities and workplaces. We found Canadians in Florida, Africans and South Asians in Washington, D. C., Japanese in New York, and Poles in Chicago and New York who all fit into this category.

The three categories distinguished above are characterized by varying degrees of ability to read and write in English. Most ELAs can neither read nor write in English. A smaller number can read but not write in English. The percentage of ELAs who can both read and write in English is unknown but certainly very small.

Challenges in Educating ELAs

All of our respondents seemed to agree that there will be some significant challenges in educating the legalizing population. First and foremost in their minds was the question of availability of classes to serve the significant education needs of this population. In every state we heard of teacher shortages, long waiting lists for ESL classes, and classrooms filled to capacity. How this situation will sort out, when the demand for ESL and civics is likely to skyrocket, is a question

which concerned all of our respondents. In California for example, we found that Los Angeles County has some 40,000 people already on waiting lists for ESL classes and classrooms with 50 students per teacher. How areas with high concentrations of ELAs, like Los Angeles County, will handle the new demand for education brought about by legalization is unclear both to us and our respondents. Repeatedly, people raised the concern that exploitative "mom and pop language shops" will begin to appear in response to the legalization population's demand for language and civics instruction.

Even if classes are made available to this population, our respondents think it is very possible that they will not readily enroll in them. Staff members at QDEs repeatedly emphasized that in general this population is not familiar with education services nor comfortable with the thought of going to a community college for ESL and civics. Here, they predicted both information and referral problems and difficulties in actually getting ELAs to class.

Even if the legalizing population somehow hears about and enrolls in available classes, respondents pointed out, they might not stay in class very long. We heard predictions of serious attendance problems for the legalizing population -- especially those who work two or three jobs or who work very long hours, which appears to be a significant portion of this population. Particular concern was expressed about SAWs and women. SAWs traditionally have attendance problems because of their mobility.

This problem could become even more acute in remote areas of Texas, Oregon, California, and Illinois. Women also traditionally have low attendance rates because of lack of childcare. Given the fact that at least 70% of women in the legalizing population are of childbearing age, lack of childcare could be a major barrier to using educational services.

Even if classes are made available, and if ELAs hear about them and attend on a regular basis, there would still be many challenges to educating the legalizing population. Primary and probably most daunting of all these challenges would be designing appropriate programs for the varied educational and linguistic backgrounds of the population. As was mentioned earlier, the legalizing population varies by nationality, sex, age, locality, prior education and numerous other factors. According to our respondents, some ELAs (maybe as many as 30 percent) will have to "start from scratch" with ESL primer courses. Others will be able to start ESL, civics and basic education classes right away. Still others will be seeking GED and other advanced classes. How education programs can be designed to provide for the needs of this variety of people, without prejudicing the education of "double illiterates" at one extreme and "well educated/English proficients" at the other, will probably be the greatest challenge to the education initiative under SLIAG.

Finally, we heard that the long-term challenge in educating the legalizing population will come after they have fulfilled the language and civics requirements of IRCA. Our respondents

expressed the hope that this population will be offered opportunities to continue upgrading their English and their job skills through enrollment in appropriate classes.

EMPLOYMENT STATUS, INCOME, PUBLIC ASSISTANCE

In securing information about employment status, income and public assistance for the legalizing population, our aim was to assess the current and prospective economic viability of the ELAs. Special attention was paid to factors which would help predict use of services in two categories:

1) those reimbursable to states under SLIAG, and

2) those which will not be reimbursed but which are likely to be needed and for which planning should thus be undertaken.

The first category is defined in detail in the SLIAG regulations. In sum, the definition is that a public assistance program, in order to be reimbursable, must

- provide for basic subsistence needs (in this context, food, shelter, clothing);
- determine eligibility based on income or resources;
- make the assistance available to all needy individuals in the state or locality; and
- receive funding from state or local governments.

Thus in conducting our survey and in analyzing and framing the responses to it, our objective was to assess which groups and categories of ELAs are most vulnerable in terms of subsistence needs. To do this, we asked not only about their employment, income, and income-supplementing resources, but also about a range of factors which might be expected to affect that overall

economic picture within the years of adjustment leading toward permanent residence and citizenship.

In planning for public assistance utilization, it is important to keep in mind several factors, namely that:

1) current service utilization patterns do not predict for future demand, both for the obvious reason that this population has not been eligible for public programs and also because they have been afraid to use any service which might lead to identification of their status;

2) prediction of service use by this population cannot safely be modeled on mainstream public assistance usage. Some segments of the legalizing population, despite low wages, have appreciably more resources available to them than is true of mainstream welfare recipients; others have fewer. There is a need for models based on highly specific analysis of each state's population characteristics; and

3) demand for services over the next few years will be phased differentially by segments of the population and by type of service. For example, the need for better housing is apt to be most acute among urban groups generally and, of those, especially persons without strong family and ethnic community resources.

I-687 Legalization Program

The employment profile of those legalizing under the I-687 program shows great variation -- whether one looks at job type or wages. Each of these factors will be discussed separately. In addition to job type and wage, several other factors need to be considered in order to arrive at an understanding of the degree of economic self-sufficiency of this population and, in consequence, the degree to which they may require some form of public assistance. These additional factors are: the relative stability or security of the jobs they hold; the likelihood of their wanting or being able to upgrade their jobs; the prospects for

geographic mobility in various segments of this population; housing conditions; and prospects for family reunification.

Employment Status

As Table 7 shows, aliens legalizing under the I-687 program are represented in all job categories. Clearly, the largest proportion are employed in jobs in the laboring and service sectors of the economy, with many of these in menial work. While this generalization holds true throughout the country, there are variations by state in the percentages of legalizing aliens holding jobs in different sectors (see also Table 7).

There are a number of exceptions to the general pattern. While many ELAs' current job status and future prospects are inherently limited by their inadequate work skills or English language skills, there are identifiable groups and categories in this population whose job opportunities have been limited primarily because they are illegal. Their future prospects will depend upon the situation in the local labor market and, in some cases, upon their ability to recertify skills in this country. Two cases in point are highly educated and skilled Africans and South Asians, who are fluent English-speakers.

There are professional and technical workers in each state. The type and quality of their jobs varies considerably. The variations have implications for job permanence and mobility, to be discussed further below. At one end of the spectrum of variation, we heard about professionals who are doing well enough to own a house or apartment; at the other end there are highly

educated ELAs, professionally employed in their home country, who are working in menial jobs because their English is not adequate for mainstream employment. For the latter, job upgrading will be a slow process involving English acquisition and possible skills retraining and licensing.

A number of legalizing aliens have established businesses, most within their ethnic communities. While no figures on their income levels are available, this kind of employment (especially intra-ethnic) is among the most potentially stable. It is also the most remunerative, because family or friends share in the work as well as the capitalization of the business. Also well paying is skilled work. Skilled workers among the ELA population make high hourly wages, especially in the construction trades. This category is typified by urban East Europeans, e.g., Poles in New York City who are reported to make $10.00 per hour or more. "Greenpoint [a section of Brooklyn] is being rebuilt by illegals," according to one respondent.

Future Employment Prospects

There is a widespread pattern of previous job turnover or job loss. One of the factors which has made it difficult for the legalizing population to assemble documentation in support of a legalization application is the very common pattern of high job turnover. As a result, legalizing aliens in this category typically have low wages, erratic work histories which make poor preparation for job upgrading, and marginal community attachments. High stress levels are thus characteristic.

We found that responses regarding job upgrading after legalization vary widely. This apparently can be accounted for by two factors: differing perceptions of those reporting, and differing strategies on the part of those legalizing. While those working with the legalizing population often reported that they would be apt to upgrade jobs as soon as possible, this may in fact be a projection by respondents based on their own assumptions about first priorities.

There is good evidence to suggest that the likelihood of upgrading will in fact be determined by a mix of several factors:

- how insecure or demeaning is the job, weighed against the possibility for immediate change (e.g., domestic workers in New York City are said to want a change as soon as possible, and likely will move to restaurant work -- said to be both more reliable and "clean");
- a positive match between workers' skills and the local job market;
- a command of English sufficient to work in an English-speaking environment.

Factors which appear to predict for job retention, at least in the short term are: employment within the ethnic community; poor English skills; poor job skills (or lack of match with job market). Factors which would appear to predict for a relatively early upgrading include: skills wanted in the local job market and up to U. S. standards, together with adequate English.

Income

Wages differ by state (Table 8). They also differ by employment sector, and by gender. It is important to keep in mind that these figures are for single wage earners. There are

two other patterns to be considered in arriving at an estimate of family or household income levels.

First, many ELAs live in multiple wage earner families. For example, Salvadorans in D. C. typically have both husband and wife employed in minimum wage jobs, or with the husband at slightly above minimum wage. In other states we heard about similar patterns among Mexicans.

A second pattern is multiple jobs held by the same wage earner. This pattern, while common nationwide and especially among those at lower skill and education levels, varies by locality. For example, we heard that in Washington, D. C. there is far more demand for second jobs (and for overtime) than the local private sector can supply.

It would appear that most legalizing aliens belong to households or families which receive an aggregate income at least adequate for providing basic needs. Some are well above that level. But there is also evidence of families below the poverty level.

An additional factor which has direct bearing on outcomes for family/household incomes in the post-legalization period is the pattern of remittances to the home country vis-a-vis the prospects for family reunification. It is extremely common to hear that the legalizing population -- even those quite marginally employed by U. S. standards -- send money to their families in the home country. Especially in the case of persons from the Third World, such remittances go a long way toward

family support. If, with adjustment to status, these families bring dependent relatives to the U. S., the same income which heretofore was marginally adequate for all may become inadequate. On the other hand, if the newly arriving relatives are able to find employment, the economic status of the whole family can be significantly enhanced.

Other Factors Influencing the Economic Future of the Legalizing Population

There are three other major factors which serve as some measure of ELAs' general current standard of living and which need to be taken into account in assessing their likely economic future. These are: housing, geographic mobility, and ethnic community support.

Housing. Housing conditions of the legalizing population generally mirror that of mainstream poor in the same area. ELAs characteristically have large-family or multiple-occupancy arrangements. Illegal tenancies are not uncommon. There are exceptions at both ends of the spectrum. We heard about homelessness. We also heard about ELAs from Canada and Eastern Europe (e.g., in Tampa, Florida) who have been able to purchase apartments or houses.

Responses varied by area and to some degree by ethnic group, but urban respondents almost universally predicted an early demand for upgraded housing. In many cases this was seen as a higher priority of this population than immediate improvement in employment. The extent to which prospects for such improvement

exist will have to be analyzed locally, and with reference to regulations regarding eligibility for public housing.

Geographic mobility. It was unusual to hear predictions that the applicants legalizing under I-687 would relocate following legalization. In general, the fact of having been in the country for five or six years means some degree of attachment to a locality. It was common to hear, "they've been here five years, they've joined the church, they have friends and family; they'll stay." Intact families, especially those who have developed ties to the local ethnic communities and those few who have managed to buy land or start a local business, are the least likely to relocate. Those most likely to move when they can are apparently the "singles" (that is, without family in their present locality) who have relatives elsewhere in the U. S. These individuals may be expected to join a larger family group.

No evidence was found to suggest that legalizing aliens living with relatives and having even a marginally adequate income were likely to be attracted to another state on account of a more liberal public assistance policy there, as has apparently happened in the refugee program.

Ties to local ethnic community. Our data suggest that one of the most reliable indicators of current economic and social viability and stability (assuming at least minimum wage employment) is the strength of ties which a group of legalizing aliens have with their local ethnic community. Such communities provide not only an indispensable sense of belonging and identity, but

have served as the aliens' major source of information about jobs, housing, and crucial local services. Their presence is also an important indicator of at least generally good mental health status for their members. Conversely, those persons with serious mental health problems were most apt to be single men without community support.

It remains to be seen how the local ethnic communities will serve this population after legalization. In some cases, the fact of ELAs having been relatively enclaved in their ethnic community will make adjustment to the mainstream more difficult -- at least initially. On the other hand, ethnic associations can serve as brokers with mainstream groups, and with even modest financial support they can provide a range of critical information and education services.

I-700 Seasonal Agricultural Workers (SAWs)

The current status and future prospects of the SAWs are influenced greatly by the very nature of seasonal agricultural work.

Employment Status and Wages

The employment and wage picture for SAWs is notably complex. SAWs work in a variety of combinations of agricultural and other jobs, and their wage structure, employment pattern, and standard of living vary not only by crop, region and state but even within regions by grower.

As the attached Table shows, SAWs work in a variety of crops. Wages vary by crop, and to a lesser extent by geographic

area. Generally, tree crops pay the highest hourly wage and ground crops the lowest. (Tomatoes are an exception; they usually pay quite well). For example, apples and cherries in Oregon pay $4.00 - 6.00 per hour, while strawberries pay $3.35. Eastern Oregon is at the low end of the scale in wages -- and also in housing and standard of living -- and California appears to be at the highest.

While most agricultural work is seasonal by definition, this fact results in a number of markedly different work patterns for SAWs and these patterns have distinctive implications for workers' economic viability. Some SAWs pick only one crop per year, and need to find some other work during the balance. Depending on the match between their skills and the local labor market, they may be notably worse or better off than those who remain all year in agricultural work. The pattern is typified by short-term, one crop workers in Florida -- mostly women who are also single heads of households and do domestic work during the balance of the year. They pick the same crop each year in the same location. A second category, the so-called "floaters," are involved in agricultural day work for part of the year, and move to non-crop work elsewhere for the balance. These are primarily single men. While their hourly rate in a given crop area (averages $4.50 per hour in California) can be known, their total income and thus their overall economic viability is more difficult to measure.

Geographic mobility

Two types of migrant workers were distinguished: "true migrants" and "settled migrants." The first category of seasonal workers spends part of the growing year picking a crop in one area, moving to another area or state for one or more crops, on a regular annual cycle. This pattern involves both whole families and singles. An example is the migrant stream from Mexico to Texas to California to Oregon and to Washington state, in which workers are involved in picking for 3/4 of the year. Some migrant workers in this group are able to find jobs in the fruit packing industry at the end of the growing season. Wages vary considerably. Some SAWs are paid high hourly wages for piece work, but they often work a short year, while others are paid lower wages, but manage to secure employment throughout the year.

The second group -- settled migrants -- have formed stable communities where they do agricultural work on a recurrent basis. They live in the same place all year long in contrast to the true migrant. This pattern is notably found in Illinois.

Board and Accommodations

There is no discernible pattern as to which growers supply board and or housing accommodations and which do not. We found growers within the same state or region with each type of arrangement. On average, wages are lower when housing is supplied, but since this is apt to be a more secure work force and one employed for most of the year, annual net pay may be as great or greater.

The most stable housing, and often the best quality, is that provided by growers. SAWs who must find their own housing are in general very poorly housed. Conditions range from overcrowded, shared apartments to abandoned automobiles or boxcars. We found cases of the latter in northern California and Oregon, where living conditions for SAWs are said to range from "very poor" to "horrible."

Security and Stability of Employment

The SAWs with the most stable employment are family groups who work for (and are housed by) the same grower each year. Agricultural families throughout the country are becoming more geographically settled and attached to local communities. The least stable are single young men who work part year at one crop, return to Mexico, and have to find another job upon return. Especially in northern California, this category is highly vulnerable to growers' selection process (often done through friends/brokers), and this process must be repeated at each return season. Many are left out. It is already fairly clear (at least from examples in Oregon) that where workers lose jobs in agriculture they move to the service sector if they can, or remain unemployed.

Prospects for Upgrading Employment

The question of whether SAWs will leave agricultural work is a complex one. There is substantial evidence to suggest that one segment of the current SAW workforce -- primarily young, single men -- are eager to leave agricultural work (indeed, the hope of

working in the mainstream is said to be the primary reason for legalizing). Many of these, however, lack both work skills and adequate English. And it was about these workers that we heard reports that they fear possible employer sanctions if they move outside agriculture. The answer to where they may fit in the mainstream will have to come through examination of local labor market patterns and the availability of job and language training programs. We heard consistent reports of high interest in JPTA.

Another segment of the SAW workforce, predominately older "unattached" men and families who have been migrants for a long time, are said to be habituated to the migrant lifestyle and not interested in change. (It should be noted, however, that these "unattached" men often have families in Mexico or elsewhere in the U. S.) Some respondents refer to a "migrant culture" in this connection, as a way of emphasizing its transgenerational nature.

While it is apparently true that many of the migrants in this segment of the population -- especially those in intact families, those working for single growers or multiple growers in a steady annual pattern, and those with marginal English or other job skills -- will indeed remain in seasonal agricultural work, others -- especially those with employable skills -- will seek mainstream jobs. It was almost universally stated that the children of migrant families, better educated and with more English competency, wish to leave agricultural work and will be

able to. The single exception to this last pattern that we heard about are the younger members of migrant families in Oregon, who are said to be "used to the lifestyle" and will remain in it.

In sum, the pattern of responses was quite consistent: those most likely to upgrade are single young men for whom agriculture has been a relatively recent job of necessity, provided their employable skills match the local job market and provided they have serviceable English. Those least likely to upgrade their jobs are adults, and especially in intact families, who have long been in agricultural work. Thus the following pattern of reports: from California, that once they are legalized SAWs will "take off;" from Illinois, that they are expected to remain in agriculture and to become still more settled family-based communities.

Indications of Need for Services Not Covered by SLIAG

Under SLIAG, emergency food stamps are the only kind reimbursable for I-687 applicants; SAWs are eligible for regular food stamps. Many categories of marginally employed legalizing aliens may need assistance with food during the period of transition in which they seek to upgrade their jobs.

One of the most critical needs, almost across the board, is for skills upgrading and job training. Under SLIAG, only employment services in which participation is required as a condition of public assistance eligibility are reimbursable.

A second employment-related need highlighted by many respondents could be expressed as "on-the-job survival skills."

Legalizing aliens who are moving out of sub rosa domestic work or seasonal agricultural labor into mainstream employment for the first time often lack the skills for working effectively in restaurants, factories, and the like. "How to negotiate effectively with your boss" was an often mentioned skill needed by this population.

* * * * *

We have discussed our findings on the characteristics and needs of the legalizing population which are most pertinent for states and localities to bear in mind as they plan services for them. These findings have been organized by the three categories of services which are reimbursable under SLIAG: health assistance, education, and public assistance. In conducting our survey, in assembling the data, and in the discussion above, we have sought to elucidate the needs for both the categories of services which will be reimbursed and those which will not. In the following chapter, Recommendations, we draw out the implication of these findings, presenting first some general observations and closing with specific recommendations for each of the three categories of service.

CHAPTER FOUR

RECOMMENDATIONS

Extrapolating from our findings on the characteristics and probable service needs of the legalizing population, and having in mind the parameters of the SLIAG program, we have formulated a number of recommendations. The first group of these recommendations applies to all types of planning for service use by this population. Additional recommendations are offered for each of the three areas addressed by SLIAG: health, education, and public assistance.

GENERAL RECOMMENDATIONS

The public charge issue

It is very important that the public charge issue be clearly defined and communicated at all levels, and especially to service providers and their clients in the legalizing population. We heard that fear of inclusion in the public charge category kept an appreciable number of persons from applying for legalization. Still more pertinent to the aims of this report is the strong evidence we found that members of this population have declined or dropped out of services for which they are in fact entitled -- e.g., WIC -- because they are not clear about the definition of public charge and fear compromising their efforts to adjust status. Information about the public charge require-

ments must be clear and straightforward and disseminated through culturally appropriate media. Related recommendations about outreach follow, below.

Timing and sequencing of need for services

Decisions regarding SLIAG should take into account not only the kinds of services needed by the ELAs but the probable phasing of the need. For example, English and civics classes geared to the adjustment to permanent residence will be an immediate demand. Use of public assistance, on the other hand, is likely to be limited during the period of temporary legal status because of concerns about public charge, but they may increase after adjustment of status.

Outreach and public information

One of the needs most often expressed -- by the entire range of respondents -- was that of culturally appropriate and effective outreach and public information to the legalizing population. The most urgent needs in this regard, as well as the best means of doing outreach and disseminating information, will vary by the specific local populations to be served. We therefore recommend utilization of the organizations which have become most knowledgeable about the ELAs through the process of helping them with the many problems they faced while they were illegal: the community-based groups and ethnic associations. QDEs that helped applicants prepare their cases are also appropriate. We heard repeatedly that organizations like these are already doing outreach and public information. In many cases, they could

significantly expand their services with only modest financial support.

Flexibility in designing SLIAG programs

Because of the great variation within this population, no single model will suffice either among states or, in many cases, within states. While it is true that states and localities with one predominant group may come closer to a single-model planning situation, even they will have smaller groups within their jurisdictions that may have characteristics distinct from the majority ELA population. If those groups are not to be unfairly served, SLIAG funded programs -- particularly English and civics classes -- will need to address these variations. Otherwise, members of these groups may be de facto ruled out in the next phases of adjusting status. Flexibility of planning is to be encouraged.

Services not reimbursable under SLIAG

ELAs will need services not reimbursable through SLIAG. Some of these needs can be addressed through existing service programs. Specific suggestions are made within each of the three units, below.

Lessons from the refugee program

While it needs to be recognized that the two populations are by no means completely comparable (most notably, refugees are immediately eligible for a range of services because they arrive here with few resources and no employment; ELAs are ineligible for many services but generally they have been employed for many

years), there are some useful lessons from the experience with resettlement of refugees that may be of value to SLIAG administrators. For example, the refugee program has developed considerable expertise in teaching English to people with little formal education. It was in the refugee program that models for teaching double illiterates were developed. Similarly, several refugee public health agencies have developed outreach programs, as well as screening and assessment programs, which could serve as models for service provision to the legalizing population. Examples of other developments within the refugee program on which new services to ELAs could appropriately be modeled include:

- bilingual vocational training;
- cross-cultural "survival skills" training, using ethnic group role models;
- health advocacy by ethnic associations; and
- language banks -- now used primarily for helping refugees access health services, but capable of wider types of assistance.

HEALTH

Among the legalizing population, there will be need for a variety of health services, most notably maternal and child health programs; Medicaid coverage for pregnant women; primary health care; mental health services; and others.

Even more than other low income populations, ELAs will need special assistance in negotiating the American health care system. They have been confused and/or intimidated by the

American system of health care. Many have postponed or foregone care. It is important that comprehensive information about available health services is provided to the legalizing population in a timely fashion and through appropriate channels.

While planning for information about health care services to the legalizing population, it is important to consider which are the best means of providing information and who should disseminate it. There are many choices regarding the ways information can be transmitted. The most conventional ones are, of course, written pamphlets or booklets. Modern technology provides other forms which could be also considered: tape recordings and video tapes.

Because there are a considerable number of illiterate individuals among the legalizing population, written materials, even in the aliens' native languages, are likely to work well only for some groups. Booklets or even radio broadcasts in English will be useless for the majority of ELAs simply because they do not understand English.

Possibilities are numerous as to who should be disseminating information about health care services, including providers offering services at reduced fees or no charge, such as community health clinics, ethnic associations, QDEs and others. Before determining who is to provide legalizing aliens with information, a very important factor has to be taken into consideration -- namely who they will consider to be culturally appropriate and trustworthy sources of information.

The U.S. health care system also needs information about language and cultural barriers preventing ELAs from accessing appropriate medical services. They are often unfamiliar with culturally different medical practices and illness behavior displayed by their patients. What is called for is education about the following issues:

- health care needs of the legalizing population;
- medical implications of being an undocumented alien, living and working in sub-standard conditions;
- traditional beliefs and medical practices characteristic for particular groups of legalizing aliens.

Interpreters are a critical part of providing health care services for the legalizing population. It should be in the self-interest of both service providers and the jurisdictions which support them to make interpreters available, since they can

- facilitate communication between patients and medical personnel, and
- serve as a valuable source of information about differences in medical practice between the aliens' native cultures and the American health care system.

EDUCATION

From our survey, it is apparent that the legalizing population has a variety of educational and linguistic skills and needs. We therefore recommend that a variety of education programs be offered to the different ELA groups, including ESL and basic education programs for those with the greatest educational needs and ESL, civics, and GED training for other groups. Initially, priority should be given to funding the types of English and civics classes that ELAs will need if they are to

adjust to permanent residence. Over time, the legalizing population will have other significant education needs, as well, among them needs related to upgrading not only language capability but survival and employment skills. As in other service areas, getting information to the ELAs about services will be an important ingredient of any program. The legalizing population, according to our findings, utilizes a variety of sources to access information on available services. For education, a formalized referral system between those working closest with the population (i.e., QDEs and CBOs) and those providing educational services is needed to insure that ELAs have access to the education programs they need for adjustment of status.

The challenges inherent in educating the legalizing population are due in large part to the diversity of their linguistic and cultural backgrounds. Teachers trained to understand these differences and sensitivities will be needed if this population is to be educated successfully. Many lessons have been learned in the refugee program about addressing the needs of limited English speaking people who have had very little formal education. Rather than reinventing the wheel, the refugee programs should be used as models for the English classes funded under SLIAG. There may be need for a technical assistance center that can provide information about model programs to the newly created English programs.

Given the likely demand for ESL and civics classes brought about by legalization, appropriate certification standards will have to be instituted by states to insure that low quality, exploitive educational providers do not take advantage of the legalizing population. These certification standards need to be developed carefully so as to insure appropriate quality control and at the same time not prohibit unduly the number and kind of education services provided to ELAs.

The legalizing population, particularly female ELAs and SAWs, is likely to be characterized by attendance problems. Appropriate ancillary and support services will be needed to insure that ELAs lacking childcare and transportation services are able to attend classes on a regular basis.

As was mentioned in the employment and income section of this report, the legalizing population generally has limited financial resources. To the extent that the $500. per ELA limitation does not cover all costs, we recommend that tuition, if charged, be consistent with these characteristics. The question of tuition costs should also take into account the possibility that having to pay a token tuition can be a significant motivational factor for students to attend class.

EMPLOYMENT, INCOME AND PUBLIC ASSISTANCE

As was noted in the previous chapter, the only employment-related services specifically earmarked as reimbursable under SLIAG are those required as a condition of public assistance

eligibility. Since it is clear from our findings that the legalizing population has a range of important needs in this category, and since no one wants to encourage unnecessary use of public assistance for the purpose of ELAs accessing services, the following recommendations are made:

- that planners secure local labor market information and analyze the profile of their ELA population in relation to that market in order to gauge capacity to absorb new or upgrading workers;
- that states and others serving ELAs work with local business organizations and groups of employers to assess and stimulate demand for skills of ELAs in their area. In this connection, on the-job-training programs for skill-building or upgrading will be needed and valuable;
- that job skills training be made available to ELAs through existing programs, such as Job Training Partnership Act, where possible;
- that QDEs and community based organizations be surveyed to discover what employment-related services they already provide and what additional ones they could supply with modest additional funding; and
- that ethnic associations be surveyed, similarly, to ascertain their capacity to provide job-finding information and support services to the newly employed.

CONCLUSIONS

The legalization program provides an important opportunity for formerly undocumented aliens to become full members of U.S. society. SLIAG presents opportunities as well. At present, many ELAs have significant service needs, some of which have resulted from their long years in illegal status. SLIAG funds can play a vital role in supporting programs designed to assist legalizing

aliens to overcome the barriers they face. We hope that this report will be useful to those making decisions about the use of these grants.

TABLES

TABLE 1

SIZE OF ELA POPULATION BY STATE
(MARCH 24, 1988)

TOTAL U.S.	1,258,359	100 %
CALIFORNIA	684,443	54 %
TEXAS	178,371	14 %
FLORIDA	86,719	6.8%
ILLINOIS	68,198	5.4%
NEW YORK	63,957	5.0%
OREGON	11,147	.8%
DISTRICT OF COLUMBIA	2,738	.2%
OTHER		13.8%

TABLE 2

DISTRIBUTION OF ALIENS LEGALIZING UNDER
I-687 (REGULAR PROVISION)
I-700 (SAW PROGRAM)
BY STATE
(FEBRUARY 18, 1988)

	I-687		I-700	
CALIFORNIA	513,538	82%	110,231	18%
DIST. OF COLUMBIA	2,535	98%	62	2%
FLORIDA	28,076	34%	53,873	66%
ILLINOIS	59,195	97%	1,887	3%
NEW YORK	48,961	85%	8,812	15%
OREGON	2,626	24%	7,971	76%
TEXAS	148,339	91%	14,241	9%

TABLE 3

NATIONALITY DISTRIBUTION BY STATE
(MARCH 24, 1988)

	CALIFORNIA	D.C.	FLORIDA	ILLINOIS	NEW YORK	OREGON	TEXAS
Mexico	81 %	1.6%	25 %	80 %	6.3%	95.5 %	87 %
El Salvador	8.3 %	49.8%	1.9%	1 %	6%	.7 %	6.5 %
Guatemala	2.9 %	2.6%	1.6%	2.2 %	2%	.9 %	.8 %
Phillipines	1.1 %	1.1%	.2%	1.5 %	2%	.09 %	.2 %
Colombia	.2 %	.4%	3.5%	.5 %	5.5%		.4 %
Haiti	.009%	1.7%	35 %	.1 %	8.3%		.01%
Nicaragua	.6 %	2.2%	4.6%	.06%	.6%	.07 %	.2 %
Poland	.02 %	.1%	.1%	7.2 %	3 %	.008%	.01%
Iran	.5 %	1.1%	.5%	.3 %	.5 %	.3 %	.5 %
Jamaica	.02 %	1.6%	6.4%	.1 %	4.6 %	.01 %	.07%
Other	5.4 %	37.8%	21.2%	7.04%	61.2 %	2.4 %	4.3 %

TABLE 4

MALE/FEMALE DISTRIBUTION BY STATE
I-687
(FEBRUARY 18, 1988)

	MALE		FEMALE	
CALIFORNIA	272,585	53%	240,861	47%
D.C.	1,557	61%	978	39%
FLORIDA	14,121	51%	13,949	49%
ILLINOIS	32,874	56%	26,314	44%
NEW YORK	28,068	57%	20,883	43%
OREGON	1,397	53%	1,228	47%
TEXAS	83,993	57%	64,321	43%

TABLE 5
AGE DISTRIBUTION BY NATIONALITY
I-687
(FEBRUARY 18, 1988)

	MEXICO	EL SALVADOR	GUATEMALA	PHILLIPINES	COLOMBIA	HAITI	NICARAGUA	POLAND	IRAN	JAMAICA
UNDER 15	12 %	8.7%	9.2%	5.8%	7.7%	2.8%	14.2%	1.1%	5.6%	5.9%
15-20	10.5%	7.5%	7.5%	5 %	6.5%	3.6%	12 %	.8%	5.8%	2.9%
21-24	10.2%	7.9%	6 %	25 %	5.2%	4.3%	8.7%	.8%	6.1%	4.9%
25-34	40 %	42.1%	39.1%	26 %	39 %	35.3%	28.8%	24 %	44.8%	29.4%
35-44	18.3%	23 %	25.8%	36.4%	28.3%	31.8%	19.4%	32.3%	25.2%	33 %
45-54	6.5%	7.3%	8.5%	14.7%	11.5%	14.4%	9.5%	25 %	6.7%	15.1%
55-64	2.0%	2.6%	3 %	7 %	5 %	5.7%	4.9%	14 %	3.7%	6.5%
65+	.5%	.9%	.9%	2.6%	1.8%	2.1%	2.5%	2 %	2.1%	2.3%
TOTAL	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %

TABLE 6
MARITAL STATUS BY STATE
I-700
(FEBRUARY 18, 1988)

	MALE				FEMALE			
	SINGLE		MARRIED		SINGLE		MARRIED	
CALIFORNIA	48,901	51%	46,529	49%	7,553	51%	7,231	49%
FLORIDA	24,131	66%	12,413	34%	12,707	73%	4,597	27%
ILLINOIS	885	50%	890	50%	58	52%	54	48%
NEW YORK	4,352	53%	3,871	47%	349	60%	237	40%
OREGON	3,879	56%	2,962	44%	539	48%	623	54%
TEXAS	5,817	46%	6,854	54%	706	45%	861	55%

TABLE 7

OCCUPATIONAL DISTRIBUTION OF LEGALIZATION APPLICANTS

I-687
(FEBRUARY 18, 1988)

	CALIFORNIA	TEXAS	NEW YORK	ILLINOIS	FLORIDA
PROFESSIONALS & EXECUTIVES	5%	3%	10%	4%	12%
SALES OCCUPATIONS	3%	2%	4%	2%	5%
ADMINISTRATIVE SUPPORT	6%	3%	8%	5%	8%
PRECISION PRODUCTION & CRAFTS	12%	13%	10%	9%	9%
OPERATORS, FABRICATORS & LABORERS	27%	23%	19%	35%	12%
FARMING, FORESTRY & FISHING	5%	5%		1%	6%
SERVICE OCCUPATIONS	17%	22%	32%	18%	21%
NO OCCUPATIONS	25%	29%	14%	23%	23%

NOTE: Numbers do not add up to 100% due to rounding and unknown information.

TABLE 8

MEDIAN WAGE BY STATE

I-687 LEGISLATIVE APPLICANTS
(FEBRUARY 18, 1988)

	TOTAL NUMBER	REPORTING WAGE	MISSING WAGE	MEDIAN WAGE
CALIFORNIA	513,538	337,653	34.2%	$ 5.40
D.C.	2,535	2,121	16.3%	5.53
FLORIDA	28,073	17,149	38.9%	5.10
ILLINOIS	59,195	40,972	30.8%	5.77
NEW YORK	48,961	32,043	34.6%	5.89
OREGON	2,626	1,546	41.1%	4.75
TEXAS	148,339	87,074	41.3%	4.75